

**Application Data Sheet****Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

YES

Computer Readable Form (CRF)?::

YES

Number of copies of CRF::

1

Title::

DIAGNOSTICS AND THERAPEUTICS FOR  
DISEASES ASSOCIATED WITH ARGINYL  
AMINOPEPTIDASE (AMINOPEPTIDASE B)-LIKE  
1 (RNPEPL1)

Attorney Docket Number::

004974.01109

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

0

Total Drawing Sheets::

3

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Stefan
Middle Name::	
Family Name::	GOLZ
Name Suffix::	
City of Residence::	Essen
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Buckmannsmuhle 46
City of mailing address::	Essen
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	45326

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full Capacity
Given Name::	Ulf
Middle Name::	
Family Name::	BRUGGEMEIER
Name Suffix::	
City of Residence::	Leichlingen
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Leysiefen 20
City of mailing address::	Leichlingen

State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Andreas  
Middle Name::  
Family Name:: GEERTS  
Name Suffix::  
City of Residence:: Wuppertal  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Schuckertstr 29  
City of mailing address:: Wuppertal  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42113

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2004/011399	12 October 2004

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EUROPE	03023853.9	21 October 2003	YES

### Assignee Information

Assignee name:: BAYER HEALTHCARE AG

Street of mailing address::

City of mailing address:: Leverkusen

State or Province of mailing address::

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: D-51368